## UTILITY PATENT APPLICATION ATTORNEY DOCKET 84418ANAB Customer No. 01333 TRANSMITTAL UNDER 37 CFR 1.53(b) Commissioner for Patents Express Mail Label No. ₽**.**O. Box 1450 **Æ**exandria, VA. 22313-1450 EV 293531865 US Date: March 26, 26 MONOCENTRIC AUTOSTEREOSCOPIC OPTICAL APPARATUS USING A SCANNED **LINEAR** ELECTROMECHANICAL MODULATOR First Named Inventor (or Application Identifier): John A. Agostinelli, et al Enclosed are: $\mathbf{X}$ Specification Assignment of the invention to 1. Certified copy of a priority 2. Sheet(s) of drawing(s) 7. Information Disclosure Statement Under 37 CFR 8. Associate Power of Attorney 3. 4. Combined Declaration for Patent Application and Power of Attorney: New 4a. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) 4b. Deletion of Inventor(s). Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and is considered as being part of the disclosure of the accompanying 1.33(b). application and is hereby incorporated by reference therein. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, 10. after the title, by inserting the following: -- CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation X Divisional Continuation-in-part (CIP) of prior application No: 10/137,676 12. Please address all written communications to Mark G. Bocchetti, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Nelson A. Blish at 585-588-2720. The filing fee has been calculated as shown below: FOR: FEE NO. FILED NO. EXTRA **RATE BASIC FEE** \$ 770 **TOTAL CLAIMS** - 20 = -15 x 18 =\$ 0 INDEPENDENT CLAIMS \$0 - 3 = x 86 =-2 MULTIPLE DEPENDENT CLAIM PRESENTED +290\$ 0 \$ 770 TOTAL Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 770

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The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

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